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### UNITED STATES BANKRUPTCY COURT DISTRICT OF UTAH

In re:	Leandro Couto Cleitiane Couto		Case No.	16-24373	
		Debtor(s).	Chapter Trustee:	13	
			1145000		
1.	circle or underline amende PETITION REOPE When changing debtor's When amending, please s	d material when appropria NING: Yes No address, please file separa	CONV. ate change of a	ERSION(13 to 7)	Yes No
2.					H Ix _ Jx & F; OR IFP Waiver)
4.	AMENDED AMOUNTS/I STATEMENT OF AFFAII AMENDED CHAPTER 13	RS:			
If you	have amended schedules I	D, E, F by adding a creditor	r, you owe \$31.	00 amendment fee. Fe	ee attached
No fe	edules D, E, F were amend e attached on no fee is attached	ed but no creditors added o	or adding a liste	d creditor's attorney, n	no fee necessary.
added	to the schedules/matrix. ificate of mailing to credito	•			Discharge Order to the creditors
I decl	are under penalty of perjury	y that the information prov	ided in this atta	ched amendment is tru	ue and correct.
/s/ Le	andro Couto	July 17, 2017	/s/ Cle	eitiane Couto	July 17, 2017
<b>Lean</b> Debto	dro Couto or	Date	Cleitia Joint I	<b>ane Couto</b> Debtor	Date
	Γrustee's Office and Trustee ou <b>G. Harris</b>	e in the case supplied copie	es of amendmen	t(s)? Yes _ No _	
Lou G	G. Harris				
ATTO	ORNEY FOR DEBTOR(S)				
	by certify that a true and conhe appropriate lines(s):		CATE OF S was mailed, po		itors of this estate as follows (please
		241 Notice to creditors Discharge Notice to cre Amended Chapter 13 P	ditors added by	this amendment.	
July 1	17, 2017			u G. Harris	
DATI	ED			i. <b>Harris</b> DRNEY FOR DEBTO	R(S)

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Fill in this information to identify your case:	
Debtor 1 Leandro Couto	
Debtor 2 Cleitiane Couto (Spouse, if filing)	
United States Bankruptcy Court for the: DISTRICT OF UTAH	
Case number 16-24373	Check if this is:
(If known)	■ An amended filing
	A supplement showing postpetition chapter 13 income as of the following date:
Official Form 106I	MM / DD/ YYYY

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Operation Specialist	Appeals Specialist
	Include part-time, seasonal, or self-employed work.	Employer's name	Wells Fargo	Ebay Inc
	Occupation may include student or homemaker, if it applies.	Employer's address	101 North Phillips Avenue Sioux Falls, SD 57104	2145 Hamilton Avenue San Jose, CA 95125
		How long employed the	nere? May 2007	1 Year

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

Estimate and list monthly overtime pay.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,075.00 \$ 1,865.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 3,075.00 \$ 1,865.00

Official Form 1061 Schedule I: Your Income page 1

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	tor 1 tor 2	Leandro Couto Cleitiane Couto	_		Cas	e number (if kn	own)	16-2	24373			
						or Debtor 1		noi	r Debtor n-filing s	spouse		
	Cop	y line 4 here	4.	•	\$_	3,075	5.00	\$_	1,	,865.00	0	
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5	a.	\$	198	3.00	\$		226.00	0	
	5b.	Mandatory contributions for retirement plans	51	b.	\$	0	.00	\$		0.00	0	
	5c.	Voluntary contributions for retirement plans		C.	\$_		.00	\$_		75.00		
	5d.	Required repayments of retirement fund loans		d.	\$_		.00	\$_		0.00		
	5e. 5f.	Insurance	5f	e. •	\$ \$		00.	\$_ \$		4.00	_	
	51. 5g.	Domestic support obligations Union dues	5į		φ_ \$		0.00	»_ \$		0.00	_	
	5h.	Other deductions. Specify:		9. h.+	٠.					0.00	_	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$		.00	\$		305.00		
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,344		\$	1	,560.00	_	
8.	8b. 8c.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive	81	a. b.	\$_ \$_		).00 ).00	\$_ \$_		0.00 0.00	_	
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	C.	\$	0	.00	\$		0.00	n	
	8d.	Unemployment compensation		d.	\$		.00	\$_		0.00		
	8e.	Social Security	86	e.	\$		.00	\$		0.00		
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income	: 81 89		\$ \$		0.00	\$_ \$		0.00		
	8h.	Other monthly income. Specify:	81	h.+	\$	0	.00	+ \$_		0.00	0	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [	\$_	0	.00	\$_		0.0	00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		2,344.00	+ \$	1,	560.00	= \$ _	3,9	004.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	dep			, ,		•		e J. +\$		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							e. 12.	\$		904.00
13.	Do y ■	you expect an increase or decrease within the year after you file this form No.  Yes. Explain:	?							Comb		come

Official Form 106I Schedule I: Your Income page 2

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	in this informat	tion to identify yo	our caco:			I		
		don to identify yo	our case.					
Deb	tor 1	Leandro Cou	ıto			Che	ck if this is:  An amended filing	
Debi	tor 2 ouse, if filing)	Cleitiane Cou	uto			-	· ·	wing postpetition chapter the following date:
Unite	ed States Bankr	uptcy Court for the:	: DISTRIC	CT OF UTAH			MM / DD / YYYY	
Case	e number 16	-24373						
	nown)	-24373						
	ficial Ec	rm 106J						
			 Evnon	606				40/4/
		J: Your I		If two married people ar	e filina toaether. b	oth are equ	ıallv responsible fo	12/19 or supplying correct
info	rmation. If m		eded, attac	ch another sheet to this				
Part	1: Descr	ibe Your House	hold					
1.	Is this a join							
	No. Go to							
	_	s Debtor 2 live i	n a separa	ite household?				
	■ No	_	at file Officia	ol Form 106 L 2 Fynanson	for Conorate House	hald of Dok	otor 2	
			_	al Form 106J-2, <i>Expenses</i>	Tor Separate House	inola of Det	OLOT 2.	
2.	Do you have	dependents?	□ No					
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relate Debtor 1 or Debto		Dependent's age	Does dependent live with you?
		tha						□ No
	Do not state dependents				Daughter		2 Years	■ Yes
								□ No
								☐ Yes
								□ No □ Yes
								□ No
	_							☐ Yes
3.		enses include f people other th	han	No				
		l your depender		Yes				
Part		ate Your Ongoir						
exp				ptcy filing date unless y is filed. If this is a supp				
				government assistance is luded it on <i>Schedule I:</i> Y				
	ficial Form 10						Your exp	enses
4.		r home owners		ses for your residence. In	nclude first mortgage	e 4. :	\$	822.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a. S	\$	0.00
	4b. Proper	rty, homeowner's				4b.		10.00
		maintenance, re owner's associati	•			4c. 3		0.00
5.				ur residence, such as ho	me equity loans	4d. 5		0.00 0.00

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ebtor 1	Leandro Couto	_		46 04272
ebtor 2	Cleitiane Couto	Case num	ber (if known)	16-24373
Utili	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	160.00
6b.	Water, sewer, garbage collection	6b.	\$	40.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d.	Other. Specify: Cell Phone	6d.	\$	200.00
	Internet		\$	60.00
Foo	d and housekeeping supplies		\$	700.00
	dcare and children's education costs	8.	\$	600.00
Clot	hing, laundry, and dry cleaning	9.	\$	90.00
. Pers	sonal care products and services	10.	\$	81.00
	ical and dental expenses	11.	\$	140.00
. Trar	nsportation. Include gas, maintenance, bus or train fare.			
	not include car payments.	12.	\$	240.00
. Ente	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
. Cha	ritable contributions and religious donations	14.	\$	0.00
	rance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	45.	Ф.	2.22
	Life insurance	15a.	·	0.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	· -	150.00
	Other insurance. Specify:	15d.	\$	0.00
. Taxo	es. Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
•	allment or lease payments:		Ψ	0.00
	Car payments for Vehicle 1	17a.	\$	220.00
	Car payments for Vehicle 2	17b.	· -	0.00
	Other. Specify:	17c.	·	0.00
	Other. Specify:	17d.		0.00
	r payments of alimony, maintenance, and support that you did not report a		<u> </u>	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe	cify:	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Sch			
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	· -	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20e.	·	0.00
Oth	er: Specify: Gym Membership	21.	+\$	60.00
Phy	sical Therapy		+\$	200.00
Calc	culate your monthly expenses			
	Add lines 4 through 21.		\$	3,823.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	3,023.00
	, , , , , , , , , , , , , , , , , , , ,		·	0.000.00
220.	Add line 22a and 22b. The result is your monthly expenses.		\$	3,823.00
. Calc	culate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,904.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	3,823.00
23c.	Subtract your monthly expenses from your monthly income.	00-	œ.	04.00
	The result is your monthly net income.	23c.	\$	81.00
1 Do.	you expect an increase or decrease in your expenses within the year after y	ou file this	form?	
	<b>you expect an increase or decrease in your expenses within the year after y</b> example, do you expect to finish paying for your car loan within the year or do you expect you			ease or decrease because of a
	fication to the terms of your mortgage?		,	
	lo.			
□ Y				